

TRAINING GUIDE FOR HIV PREVENTION OUTREACH TO INJECTING DRUG USERS

PROGRAMME DEVELOPMENT WORKSHOP



World Health Organization
Department of HIV/AIDS

PROGRAMME DEVELOPMENT WORKSHOP: CASE STUDIES

GETTING STARTED – UKRAINE

A good example of the use of assessment data to formulate aims and ideas for services comes from the Anti-AIDS Fund in Poltava (Ukraine). From the assessment, the programme discovered:

- places where most drug users lived and congregated;
- gender mix and age breakdown, education level, marital and employment status of injectors;
- the most popular types of drugs and the ways these were used;
- factors that increased the risk of HIV transmission during the production, distribution and use of injected drugs; and
- drug users' level of knowledge about and opinions towards HIV/AIDS and sexually transmitted infections (STIs).

Based on this information, the fund decided to begin a harm reduction programme with six main aims, which were to:

- continue research among injecting drug users to gain a closer understanding of HIV-risk behaviours;
- begin an outreach programme linked with needle and syringe exchange;
- produce and disseminate specific information and education materials, based on the above research, to reduce HIV and STI risk behaviours;
- enhance skills of injectors to protect themselves against HIV;
- increase the disinfection of used injecting equipment; and
- provide condoms, enhance skills in safer sexual behaviour and ensure appropriate referral to medical services for STI diagnosis and treatment.

Sources: Burrows D. *Starting and managing needle and syringe programmes: a guide for Central and Eastern Europe/Newly Independent States*. New York, International Harm Reduction Development/Open Society Institutes, 2000.

GETTING STARTED – INDIA

In 1995, a research group assessed the feasibility of establishing an outreach programme in Churachandpur, Manipur State (in north-east India). The town of Churachandpur has a population of 37 000, and is located 66 kilometres from Imphal, the capital of Manipur. Chingzaning Hangzo and her co-authors wrote that: “Since outreach to IDUs is dependent on a supportive community, it was necessary to first create a caring environment to ensure that IDUs could easily be reached and provided with risk reduction information and materials. Thus, before reaching the drug users it was essential to educate the community at large.” The project set up an advisory committee with the local district commissioner as chairperson. The committee included local leaders, the police commissioner, church leaders and government health professionals. Due to activity by underground political groups seeking self-rule through armed struggle, there is a large military presence in Churachandpur. Police actively targeted IDUs, arresting them if they were found with needles and syringes. The advisory committee interacted with military and police “in an effort to minimize police harassment and thus create a more supportive environment in which to conduct outreach.”

Several advocacy meetings were held with the police chief where senior project staff explained the rationale for outreach and the need for support from police. This advocacy resulted in outreach workers not being arrested or harassed even when found in drug dealers’ homes and places where IDUs were using drugs. “Among the policy-makers and politicians, it was previously seen as a disease of the marginalized prostitutes and drug users and not a public health priority. However, advocacy has changed this and HIV/AIDS is perceived as being a major public health concern.”

Local church leaders were very important: they not only spoke on spiritual matters but influenced the non-religious life of the community. Church leaders consider drug use as anti-social and immoral, and HIV/AIDS was considered a moral issue. “If the Church had interpreted HIV/AIDS prevention among IDUs as condoning and facilitating drug use, outreach would have been very difficult. The situation was delicate since the HIV/AIDS prevention information provided to community members was sometimes contrary to what the church preached.” Individual meetings with key church leaders (presenting them with factual information on HIV/AIDS in the community and highlighting the need for HIV/AIDS prevention among IDUs) was followed by group discussions with church leaders to solicit their views about ways to reach drug users, appropriate interventions and barriers to HIV/AIDS prevention among IDUs. This two-way flow resulted in better understanding by church leaders of the need for and strategies of the project, and better understanding among project staff of community attitudes to HIV prevention.

Sources: Hangzo C et al. Reaching out beyond the hills: HIV prevention among IDUs in Manipur, India. *Addiction*, 1997, 92:7: 813-820.

PROGRAMME DEVELOPMENT WORKSHOP

CASE STUDIES

GETTING STARTED – INDONESIA

Pelita Ilmu Foundation carried out drug-prevention training of youth from 14 districts in Jakarta in early 2000. One district with many drug users and a very low-income level was Kampung Bali district in Central Jakarta. In late 2000, the foundation approached the district government, the Community Health Centre (CHC) and community leaders about an HIV prevention programme in the district among IDUs. While these groups supported the idea, other important community groups were hostile: specifically, drug sellers believed that their business would be disrupted and possibly diminished by the proposed programme.

It was therefore decided to take a medical/ health approach that all parties could agree on, rather than starting immediately with specific HIV-prevention services (though the hope is that acceptance by all community sectors of the general health services will lead to acceptance of other harm reduction programmes at a later stage).

Due to very limited resources, the foundation could not start expensive clinics, so it used an outreach approach to deliver health/ medical services. Outreach workers were employed and trained to provide the following services:

- ▶ home visits (in cooperation with local community leaders) for both drug prevention education and in support of the CHC's health care programmes: initial denial of any drug use in the family was followed over time by agreement from drug users to attend or undergo drug treatment services;
- ▶ assistance with cheap home detoxification (including purchase of pain-relieving medications), providing support and motivation to stop using drugs: both this and the above service are linked by referral to a rehabilitation centre for those families that can afford to send someone to this service;
- ▶ data collection to start to assemble a profile of drug use and HIV risk behaviour in the district;
- ▶ overdose prevention education (including training of drug users and their families by outreach workers) and provision of naloxone to CHC for 24-hour use; and
- ▶ visits to and with drug users in clinics and hospitals: encouraging drug users to attend medical treatment and visiting them while in hospital.

During this process, outreach workers have started to deliver HIV-prevention information. Six former drug users have now joined the programme as peer educators.

The foundation believes that starting more broadly than HIV prevention has helped it to build a wider network and win greater cooperation from relevant agencies to enable it to plan further steps that may eventually include needle exchange.

Sources: Djauzi S et al. *HIV infection among IV drug users in a slum area in Jakarta*. Pelita Ilmu Foundation, Jakarta, 2001 (unpublished document).